U.S. To Internet of Labor Office of Labor-Management Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

3. Name and address of person filing.	4. Name, f!le number, and address of labor organization.
Name William Burrus	Name American Postal Workers Union, AFL-CIO
	Labor Organization File Number 500510
P.O. Box, Bldg., Room No., if any 7th Floor	P.O. Box, Building and Room Number, if any
Street 1300 L Street N.W.	Street 1300 L Street N.W.
City Washington	City Washington
· massing con	City Washington
State District of Columbia ZIP Code + 4 20005-4126	State District of Columbia ZIP Code + 4 20005-4126
5. Position in labor organization. அத்து நடித்து குடித்து கடித்து கடி	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests	
(except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Tallic	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
P.O. BOX, Blug., Rooth No., II arry	7.b. Amount.
Street: Section 1997	
	A CONTRACT OF THE CONTRACT OF
City : The state of the state o	And the first of the second of
State ZIP Code + 4	A Commission of the Commission
State ZIP Code + 4 19 19 0	
- Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
ET 11 11 FC	
Signed It was It Tropies 3	On 8/15/2005 202-842-4250
	Date Telephone Number

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Name Cresson Filing William Burrus	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name O'Donnell, Schwartz & Anderson, P.C. Trade Name, if any: P.O. Box, Bldg., Room No., if any Suite 1200 Street 1300 L Street, N.W. City Washington State District of Columbia ZIP Code + 4 20005-4126 10. If 9.b. or 9.c. is checked give trust or employer's name.	9. Business deals with:	
l r	11.b. Approximate dollar value of such dealing. \$1,176,000 12.a. Nature of interest held or income received. Dinner for Mr and Ms William Burrus February 14, 2004, \$191.00 Dinner for Mr and Ms William Burrus August 17, 2004, \$212.00 Two gift books June 2004, \$79.00 One gift book September 6, 2004, \$37.00	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code ÷ 4	14.a. Nature of payment.	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	